

## STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to Item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL OR CANDIDATE
2/01/04	Ryan Crimmins
3. ADDRESS AND PHONE	Street or Rural Route City State Zip code Phone
	207 W. Brow Oval, Lookout Mountain, TN (#23) 821-49
4. TITLE OF OFFICE HELD O	OR SOUGHT (Include district number , if applicable)
	List major sources of your private income of more than \$1,000 and that of your spouse u. "Major sources of private income" includes, but is not limited to, offices, directorships an lar amounts need be stated.
business organization in excess	vestment by you, your spouse or minor children residing with you in any corporation or oth s of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the st be listed but no dollar amounts or percentages of the investment need to be stated.
spouse or minor children residin	on, firm or organization for whom compensated lobbying is done by any associate, yoing with you. Also, list any firm in which you, your spouse or minor children residing with yon pensated lobbying is done. Explain the terms of any such employment and the measure
8. PROFESSIONAL SERVICE	S: List in general terms (by areas of the client's interests) the entities to which profession
	attorney, accountant or architect, are furnished by you or your spouse.

	rs of General Assembly only): List the amount and source (by name) of any defraying the expenses necessarily related to the adequate performance of
promoting or opposing, influencing or attempt	you receive from any person, firm or organization who is in the practice of pting to influence directly or indirectly, the passage or defeat of any legislady, the legislative committees or the members thereof.
BANKRUPTCY: List any adjudication of the (5) years of the date of this report.	of bankruptcy or discharge received in any United States district court within
The lay your or the date of this report.	
10 LOANS, List and loan as sampling list	
made in the previous calendar year to you, y closed on this report if they are:	f loans for more than one thousand dollars (\$1,000) from the same source your spouse or minor children residing with you. Loans need not be dis-
business of making loans. The loan massures repayment, evidenced by a w  (3) Secured by a recorded security interes made on a basis which assures repaymentization schedule.  (4) From a partnership in which you have	tution or made in accordance with existing law in the ordinary course of doing nust bear the usual and customary rate of interest, be made on a basis which written instrument and subject to a due date or amortization schedule, at in collateral, bearing the usual and customary interest rate of the lender and ayment, evidenced by a written instrument and subject to a due date and at least ten percent (10%) partnership interest.
13. ADDITIONAL INFORMATION: List any a	additional information you wish to disclose.
13. ADDITIONAL INFORMATION: List any a	additional information you wish to disclose.
13. ADDITIONAL INFORMATION: List any a  14. OPTION AVAILABLE TO OFFICEHOLDE  There has been no change in con	ERS ONLY (Check if applicable):
14. OPTION AVAILABLE TO OFFICEHOLDE	ERS ONLY (Check if applicable):
14. OPTION AVAILABLE TO OFFICEHOLDE	ERS ONLY (Check if applicable): nditions since my previous report.
14. OPTION AVAILABLE TO OFFICEHOLDE	ERS ONLY (Check if applicable): Inditions since my previous report.  CIAL OR CANDIDATE (must be attested to by witness)  I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.